

**STATE OF UTAH
OLENE WALKER HOUSING LOAN FUND
MULTI-FAMILY APPLICATION FORM**

2004 CONSOLIDATED APPLICATION FORM

REQUIRED DOCUMENTS

This **COMPLETED checklist must** accompany the standard Application Form. Applications lacking this documentation will be considered non-conforming.
ALL scoring items must be supported by third-party documentation.

Please Check Box if enclosed:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1 An Executive Summary attached to the front of the Application describing any pertinent information about the project that you feel should be considered in the review. |
| <input type="checkbox"/> | 2 Certified copies of the organizational documents of all the entities involved in the project; (Articles of Incorporation and/or Partnership Agreements). |
| <input type="checkbox"/> | 3 Evidence of Site Control, Title Report/Policy, Environmental Study or Survey (Exhibit K) and site location map. |
| <input type="checkbox"/> | 4 Letters of Interest and terms (or Commitment Letters) from each of the proposed sources of funds, including grants, investors and operating subsidies. |
| <input type="checkbox"/> | 5 Resume's and current financial statements of the Applicant/Sponsor(s) |
| <input type="checkbox"/> | 6 Evidence from the appropriate governmental authority stating the property is properly zoned for the proposed project and the current status, including procedures and time table for the project relative to conditional use permits ("CUP"), density, public meetings, etc. |
| <input type="checkbox"/> | 7 A certification that all profits and fees are reported and that there are no "related party" transactions that are undisclosed. See Administration Section, Exhibit "L". |
| <input type="checkbox"/> | 8 Complete and print the "Olene Walker Loan Fund", "Identity of Interest Forms" and "Proforma" sheets and attach them to your application. |

Basic Application Input Instructions

1. Moving around in the application: The application is "Protected" to prevent deletion of formulas and text. USE the TAB key to get from one cell to another. You may pass by a cell you think needs to have some data entered, however, these cells will be automatically updated as the application is completed.
2. Enter an "X" [shift+X] into check boxes when applicable or leave blank. Do not enter "No" or "n/a"
3. Enter "Yes" or "No" for questions on entry lines. Sample: Is project in a Qualified Census Tract? _____
4. Use NUMBERS, not "one", "two", "third", etc. Also avoid 1st, 5th, etc. Enter dates in "4/10/02" format.
5. **HELP!** If you see a small flag at the top right corner of a cell, move the mouse cursor over the cell for HELP assistance. OR _____ OR
6. Error Messages appear as: < Rents exceed 60% limit > See LIHTC Score spreadsheet for explanations.
7. Pull-down lists are used in certain fields. CLICK on the cell to activate the list feature.

STATE OF UTAH
OLENE WALKER HOUSING LOAN FUND
MULTI-FAMILY APPLICATION FORM

All Information Must be completed or application Will Be Rejected as Non-Conforming

DATE OF APPLICATION

APPLICATION TYPE

DCED Housing Assistance

Initial

Resubmitted

PROJECT NAME AND ADDRESS

Name _____

Address _____

City _____ State Utah Zip _____

Need a District or Census Tract Number? CLICK on the applicable ORANGE colored CELL, then the follow instructions.

< Census Tract Number is Invalid. Use Bold Red Number on Map >

County

Census Tract INVALID Number

Rehabilitation Project?

Project Located in a Metropolitan Statistical Area? No

New Project?

Qualified Census Tract? No

HUD Hard-to-Develop Area? No

OWHLF Rural Area? Yes

Fed. Congressional Dist:

State Senate Dist:

State House District:

U.S. Congressional Website:

UT Senate Website:

UT House Website:

U.S. Congressional District number: Enter project Zip or address and you will find the District Number in the PARENTHESES (D-02) = 2

Organizational Information

APPLICANT INFORMATION (GENERAL PARTNER/SPONSOR OF PROJECT)

Applicant Type

Name _____ a _____ State Type

Address _____

City _____ State _____ Zip _____

Contact Person _____ Email _____

Title _____

Telephone _____ Fax Number _____

Development Team Information

Please submit information on each member of the development team which lists qualification, address and telephone number.

Developer _____

General Partner _____

Contractor _____

Management Company _____

Sponsoring Organization _____

Consultant _____

Tax Attorney _____

Tax Accountant _____

ARE ANY DEVELOPMENT TEAM MEMBERS ON HUD'S DEBARMENT LIST? _____

List any direct or indirect, financial or other interest a member of the development team may have with another member of the development team. (Enter "None" if there are no identities of interest.)

NON-PROFIT PARTNERSHIP INFORMATION - IF APPLICABLE

- (1) Articles of Incorporation or bylaws evidencing that exempt purposes of applicant include fostering of Low-income Housing.
- (2) IRS Determination Letter as to Internal Revenue Code Section 501(c) Status.

<input type="checkbox"/> 501(c)(3) Organization	<input type="checkbox"/> 501(c)(4) Organization
<input type="checkbox"/> Exempt purposes includes fostering of Low-income Hsg.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Exempt from tax under Section 501(a)	<input type="checkbox"/> Tax Exempt Government Agency (NOT a "non-profit" for tax credit purposes)

Describe the non-profit's participation in the development and operation of the project. List other activity or involvement in low-income housing projects. If allocation is made under the Non-Profit set-aside, the non-profit activity must be significant and cause real benefit to the project, the population served and the continuation of the non-profit's ability to meet its goals. (See Exhibit "E" in Compliance Monitoring Plan)

If a CHDO, provide certificate of designation and State/HUD contact and telephone number where CHDO is registered.

Name <u>Sherie Brinkerhoff</u>	Phone <u>801-538-8713</u>	Email _____
Address <u>324 South State Street, Suite 500</u>		Fax <u>801-538-8888</u>
City <u>Salt Lake City</u>	State <u>Utah</u>	Zip <u>84111</u>

List the Names of Board members and Officers for the non-profit organization. Are any representatives of special needs housing groups, i.e. homeless advocates, etc., if so, name of the organization and description.

Provide a copy of the latest Annual Report to identify all paid full-time key management and sources and amount of funds for annual operating expenses and current programs.

Project Information

Total Number of Units 0

New/Rehabilitation

Select One

Building Type

Urban Low-Rise (1-3 story)

Type of Units

Multifamily Residential

Transitional Housing (McKinney Act)

McKinney Act set-aside units: _____
 If McKinney, list non-profit or Government Agencies providing services _____
 Do units contain bathroom and kitchen facilities? _____

Special Needs Targeting of Affordable Set Aside Units

Select One Set-aside Units: _____
 List special features/services to be provided: _____

Service Provider: _____

Housing for individuals with children

Select One Set-aside Units: _____
 Service provider: _____

Homeless/near homeless transitional (not McKinney Act)
 Set-aside Units: _____

Service provider: _____

Older Americans Set-aside Units: 0

Building Characteristics

Elevator

2 Number of Floors

0 No. underground Parking stalls

Other (please specify) _____

Project Type

Select One

Other (please specify) _____

1 No. of Buildings (with Apts.)

Assisted Living¹

¹Population type: _____

¹License Type: _____

Large family (3 Bedrooms or more)
 Number of Units: 0

Wheelchair units
 Set-aside Units: 2

List ADA special features below:

Lease-to-Own
 Set-aside Units: _____

Project has entered into a memorandum of Understanding with the Local PHA to accept qualified Sec 8 tenants (Use Scoring Section, Exhibit B).

Amenities and Building Information

Accessory Buildings: _____ Area: _____ SqFt

Recreation Facilities: _____ Fees: -

Commercial/Public Facilities: _____ Area: _____ SqFt

Tot-Lot *Day-care *Education *Clubhouse *Covered Parking

Comm. Facility Bike Trails, etc. Wash/Dryer Con. Other _____ No. of covered stalls: _____

Air Conditioning On-site storage (not balcony or in apt.) _____ Parking Spaces No. fee covered parking: _____

Gross floor area: #VALUE! Building common area: _____ Type: _____
 (sq. ft.) (sq. ft.)

Residential floor area: 0 Commercial floor area: 0 Type: _____
 (sq. ft.) (sq. ft.)

*Exclusively for non-fee tenant use. Covered parking for each unit, unless there is less than one parking stall/unit in project.

Site Information

Provide the following, if available:

Is there a current appraisal for the site? Yes No
 Is there a current title report for the site? Yes No

Other Studies:

Is an Environmental Review Attached? Yes No
 Is there a substantial rehabilitation Capital Needs Assessment attached? Yes No

Attached Environmental Studies: (Check only ONE box)

Lender / Investor has determined that a study is NOT needed Yes Don't know
 Phase I or II and/or habitat study is required, but NOT completed Yes
 Phase I or II and/or habitat study is completed with NO outstanding issues Yes
 Phase I or II and/or habitat study is completed with outstanding issues Yes

Site Control:

Are all parcels for proposed site under control? Yes No
 If yes, what form: Contract, Agreement or Option Expiration date: _____
 Deed

Site Ownership:

Will land be contributed by owner? Yes No
 Total Cost of Land _____ Exact Area of Site: _____ Acres _____ Sq. Ft.
 Name of Seller _____
 Address _____
 City _____ State _____ Zip _____

Zoning Status

Does zoning permit multiple residential use that is consistent with the proposed project? Yes No
 Has final density been approved? Units per acre: _____ Yes No Proposed: #####
 Has project been approved by all public bodies? Yes No
 Project is fully entitled and all approvals obtained. Permits can be issued. Yes No
 Construction has commenced. Yes No
 Parking requirements. How many stalls approved per unit? _____ Yes No
 If there is assemblage of parcels--are ALL parcels properly zoned? Yes No
 Are all utilities presently available on the site? Yes No
 If no, please explain which utilities need to be brought to the site, the distance and the cost to the project.

 If the project requires a road, specify the distance, specification and cost.

Direct Construction Cost Breakdown

LIHTC DETAILED CONSTRUCTION COST BREAKDOWN

Project: _____

Bid or Estimate Date: _____

Account Number	Category Description	Budget	Category Subtotals
----------------	----------------------	--------	--------------------

1		General Requirements		
1	310	Reasonable Construction Supervision	0	
1	320	Site engineering Costs attributable to buildings	0	
1	330	Job Office Expenses	0	
1	430	On-site temporary buildings, tool sheds, shops and toilets	0	
1	620	Temporary heat, water, light and power for construction	0	
1	630	Temporary walkways, fences, roads, siding and docking facilities	0	
1	650	Construction equipment rental not in trade item costs	0	
1	810	Clean-up and disposal of construction debris	0	
1	910	Security Costs	0	
1	950	Medical and first aid supplies and temporary facilities	0	
1	0	General Labor	0	
1		Notice of Commencement	0	
1			0	
1			0	
		Building permits are entered into category 18 below.		
			Subtotal:	0

2		On-Site Work		
2	110	Demolition	0	
2	230	Site Preparation	0	
2	510	Earth Work	0	
2	250	Paving and Surfacing	0	
2	320	Landscape - Fencing	0	
2	350	Trash Enclosures	0	
2	360	Site Signage	0	
2	370	Storm Drainage	0	
2	340	Sidewalks, Curbs and Parking Ballards	0	
2	440	On-Site Improvements	0	
			Subtotal:	0

2		Off-Site Work		
2	700	Off-Site improvements	0	
2			0	
			Subtotal:	0

3		Concrete		
3	110	Excavation	0	
3	210	Footing/Foundation, Labor and Materials	0	
3	220	Slab on Grade	0	
3	230	Misc. Concrete	0	
3	310	Pest Control	0	
3	350		0	
3	410		0	
			Subtotal:	0

4		Masonry		
4	100	Masonry, Labor and Material	0	
4	200		0	
4	310		0	
4	350		0	
4	410		0	
			Subtotal:	0

LIHTC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
5 Metals			
5	210 Misc. Metals	0	
5	310 Steel Joists and Girders	0	
5	410 Carports	0	
		Subtotal:	
6 Wood			
6	110 Framing Material	0	
6	115 Framing Labor	0	
6	310 Finish Material	0	
6	315 Finish Labor	0	
6	510 Misc. Wood (wood repair)	0	
6	550	0	
6	610	0	
6	640	0	
		Subtotal:	0
7 Thermal/Moisture Protection			
7	110 Misc. Thermal/Moisture Protection	0	
7	210 Soffit & Facia	0	
7	310 Gutter and Downspout Labor & Materials	0	
7	410 Insulation Labor & Material	0	
7	510 Roofing Labor & Material	0	
7	610 Siding	0	
7	610 Stucco	0	
7	650 Waterproofing	0	
7	670 Firestopping	0	
		Subtotal:	
8 Doors and Windows			
8	110 Hardware	0	
8	210 Steel Doors & Frames	0	
8	310 Wood Doors & Frames	0	
8	410 Windows Labor & Materials	0	
8	510 Misc. Doors & Windows	0	
8	540	0	
8	610	0	
		Subtotal:	0
9 Finishes			
9	210 Drywall /Plaster Labor & Materials	0	
9	310 Ceramic Tile Labor & Materials	0	
9	410 Carpentry Labor & Materials	0	
9	415 Resilient Flooring Labor & Materials	0	
9	510 Painting and Wallcovering Labor & Materials	0	
9	540 Misc. Finishes	0	
9	540 Vinyl Title	0	
9	610 Mold mitigation	0	
		Subtotal:	0

LIHTC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
10 Specialties			
10	110 Bathroom Accessories	0	
10	210 Signage	0	
10	310 Window Coverings	0	
10	410 Mirrors Labor & Material	0	
10	510 Fire Extinguishers	0	
10	610 Misc. Specialties	0	
	Subtotal:		
11 Equipment			
11	110 Bath Appliances	0	
11	210 Kitchen Appliances	0	
11	310 Exercise & Office Equipment/Common Area Furnishings	0	
	Subtotal:		0
12 Furnishings			
12	110 Cabinets Labor & Material	0	
12	210 Counter Tops	0	
	Subtotal:		0
14 Conveying Systems			
14	110 Elevator Systems	0	
	Subtotal:		0
15 HVAC, Plumbing and Mechanical			
15	110 Heating & Cooling	0	
15	210 Plumbing Labor & Materials	0	
15	310 Misc. Electrical	0	
15	Pool	0	
15	Water heaters	0	
	Subtotal:		
16 Electrical			
16	110 Security System	0	
16	210 Electrical Labor & Materials	0	
16	310 Lighting Fixtures & Materials	0	
16	410 Fire Detection Systems Labor & Material	0	
16	420 Misc. Electrical	0	
16	510	0	
	Subtotal:		0
17 Profit & Overhead			
17	110 Builder Profit	0	
17	210 Builder Overhead	0	
17	310 Contingency	0	
	Subtotal:		0
18 Municipal/Utility Fees			
18	110 Impact Fees	0	
18	115 Building Permits	0	
18	120 Utility Connection Fees	0	
	Subtotal:		0

LIHTC Project Costs

Itemized Cost		Actual Cost
Purchase Land and Buildings		
Land		0
Existing Structures		0
Building Acquisition Fee		0
Demolition		0
<u>Other (Specify)</u>		0
	Total	0
Site Work		
2 On-Site Work		0
2 Off Site Improvement		0
<u>Other (Specify)</u>		0
	Total	0
Rehab and/or New Construction		
1 General Requirements		0
3 Concrete		0
4 Masonry		0
5 Metals		0
6 Wood		0
7 Thermal/Moisture protection		0
8 Door and Windows		0
9 Finishes		0
10 Specialties		0
11 Equipment		0
12 Furnishings		0
14 Conveying Systems		0
15 Mechanical		0
16 Electrical		0
18 Impact Fees and Building permits		0
		0
Contingency		
17 Construction Contingency		0
<u>Other (specify)</u>		0
	Total	0
Architectural and Engineering Fees		
Architect Fee-Design		0
Architect fee-Supervision		0
<u>Geotechnical Report</u>		0
<u>Other (specify)</u>		0
<u>Other (specify)</u>		0
<u>Other (specify)</u>		0
		0
	Total	0
Profit and Overhead**		
17 Builder Profit		0
17 Builder Overhead		0
Developer's Overhead		0
Developer's Fee		0
Other related party fees		0
	Total	0

Itemized Cost		Actual Cost
Interim Financing Expenses		
Construction Casualty Insurance	Read this Note	0
Construction Interest		0
Construction Loan Fee		0
Construction Appraisal		0
Closing, Title & Recording		0
Const. Legal Fees		0
Construction Period Real Estate Taxes		0
Physical Needs Assesment		0
Other (specify)		0
Other (specify)		0
	Total	0
Permanent Financing Expenses		
Loan Origination Fee		0
Loan Credit Enhancement		0
Other (specify)		0
Permanent Financing Legal Fees		0
Closing, Title & Recording		0
Cost Certification		0
Fidelity Bond		0
	Total	0
Appropriate and Reasonable amounts must be entered below.		
Soft Cost		
Feasibility Study		0
Market Study		0
Other (specify)		0
Consultants or Processing Agent		0
Environmental Study		0
Other (specify)		0
Other (specify)		0
	Total	0
Project Reserves		
Rent-Up Reserve		0
Operating Deficit Reserve		0
Reserves for Replacement		0
Other (specify)		0
Other (specify)		0
	Total	0
	Total Project Cost	0

(2) NOTE: Total Project cost must equal total Source of Funds on Page 15.

Source of Funds (Permanent Financing)

Financing Source	Loan Amount	Annual Debt Service	Rate of Interest(8.5 etc.)	Term (mos.)	Amort. Period(mos.)
<i>Cash flow/Zero Pay Enter Zero</i>					
Debt Financing					
1 Private Finance	\$ -	\$ -	0.000	0	0
2 _____	\$ -	\$ -	0.000	0	0
3 _____	\$ -	\$ -	0.000	0	0
4 _____	\$ -	\$ 0	0.000	0	0
Grants					
1 _____	\$ -				
2 _____	\$ -				
3 _____	\$ -				
4 _____	\$ -				
	\$0	\$0	Sources-Uses GAP:	\$ -	

Enter any comments on financing here

Long Term Financing Sources and Contacts

List in order of lien priority ALL sources of funding and contact names, addresses and telephone numbers:

	Company / Institution Name & Complete Address	*Status Date	Contact Person & Title Telephone and Fax Numbers
Debt Financing			
1	OWHLF		Shelli Goble 801-538-8653
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Grant and Other Monies			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

***Status codes: LOI=Letter of Intent, NA=No formal action taken; A=Application formally submitted; C=Commitment received. Attach proof of status.**

Energy and Equipment

Equipment Included with Units (Low-income Units)

Range Refrigerator Disposal Air Conditioning
 Dishwasher Kitch. Exhaust Laundry Fac. Washer/Dryer Hookups

Energy and Equipment Information in low-income units

Energy Equipment	Type of System (GFWA, Hot Water, etc.)	Fuel	Rating	
Domestic Hot Water				%
Heating				%
Air Conditioning				

Will this project collect any rents?

Monthly Utility Allowance Calculations

Type	Utilities	List only Utilities Paid By	ENTER allowance (PAID by TENANT) by Unit type				
			SRO Studio	1	2	3	4
G	Heating	Tenant	0	0	0	0	0
E	Cooking	Tenant					
E	Lighting	Tenant					
G	Hot Water	Tenant					
E	Air Conditioning	Tenant					
	Sewer	Tenant					
	Water	Tenant					
	Trash	Tenant					
	Dispatch	Tenant					
Total Utility Allowance:			0	0	0	0	0

Type: E=Electric, G=Gas, P=Propane, etc.

Source of Utility Allowance Calculation (Documentation of Utility Calculations must be included)

Local PHA _____
 Rural Devel. _____
Housing Authority or other

Proposed Contractual Rent Targeting Analysis

Project Rents (Note: actual rents plus the amount of utilities paid by tenants cannot exceed low-income rent levels.)

List the applicable County Low-Income Rents from the attached schedule.			SRO Bedrooms					
			Studio	1	2	3	4	5
50% of AMI Maximum Limit		Including Utilities	424	454	545	629	701	774
60% of AMI Maximum Limit		Including Utilities	508	544	654	755	841	929

PROJECTED PROFORMA - Low-Income Units Only

List the estimated monthly income for the low-income units.

Total low-income units:

Unit Type SRO/Studio	Bathrooms/unit .25/.75/1 or multiples	Number of Units	AMI Target	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
0	0.00	0	0%	0	0	0
Other income per unit:				0	Sq.Ft.	0

AMI= 0.00%
DCR= #DIV/0!
Cash Flow= #DIV/0!

Total low-income rents: 0
< Vacancy 0 >
 Less Vacancy % 0
 Total Monthly Income:

Enter the estimated annual percentage increase in annual income %

Annual Operating Expense Information

I. Administrative

1 Advertising	0
2 Management	0
3 Legal	0
4 Partnership	0
5 Accounting/Audit	0
6 Taxes, Licenses, Fees	0
<i>Total Administrative Cost:</i>	0

II. Maintenance

1 Interior Maint.	0
2 Int/Ext. Repairs	0
3 Exterminating	0
4 Landscaping	0
5 Paving/Grounds	0
6 Other (explain)	0
<i>Total Maintenance Cost:</i>	0

III. Operating Costs

1 Elevator	0
2 Electric (Common Area)	0
3 Gas (Common Area)	0
4 Water/Sewer	0
5 Trash Removal	0
6 Payroll	0
Management Salaries	0
Office/Accounting	0
Salaries (Other)	0
7 Payroll Taxes	0
8 Property Insurance	0
9 Snow Removal	0
Security Contracts	0
<i>Total Operating Costs:</i>	0

**Typical Tenant Paid Utilities
Paid by Project Owner**

1 Elevator	0
2 Electric (Common Area)	0
3 Gas (Common Area)	0
4 Water/Sewer	0
5 Trash Removal	0

Total Expenses:

IV. Real Estate Taxes

R.E. tax est: 0

TOTAL ANNUAL OPERATING EXPENSES: \$

< Capital Replacement Reserves Below Safe Harbor >

Replacement Reserve/Unit:

Total Annual Capital Replacement Reserve: \$

Percentage increase in annual expenses %

Expenses w/o Reserves or Util: / unit

HOW WERE EXPENSES AND RESERVES DETERMINED?

INCOME ANALYSIS SUMMARY

Gross scheduled LIHTC rents	0
Other Income	0
Operating Subsidies - Specify* _____	0
Less vacancy	#DIV/0!
Total Operating Income	#DIV/0!
Less Operating Expenses	0
Less annual Capital Replacement Reserves	0
Net Operating Income	#DIV/0!
Less Annual Debt Service	0
NOI Before Taxes	#DIV/0!

RD or Sec. 8 Subsidy

#####

Net Income per Unit:

Debt Service Coverage Ratio:

* Operating Subsidies include any form of federal or state monies to operate the property.

PROGRAM GOAL EXPLANATION

The goals of the Low-income Housing Tax Credit Program include the production of the largest number of affordable housing units, at the lowest possible cost, reserved for the longest period of time, with rents targeted toward the lowest possible income levels. Please explain, in detail, how this application addresses the above objectives in the topic areas noted below. Please use actual data from this application to illustrate your explanation.

1 Profit and Overhead Limitations:

2 Development Cost Efficiencies:

3 Financing Innovations:

4 Maximizing Proceeds to the project from the Tax Credit Allocation:

5 Maximizing the longevity of buildings and improvements while maintaining appeal and affordability:

Project Quality and Design Commitment

Specify the PROJECT construction quality and durability features in the list provided. Indicate if your are designing to code, or upgrading and why. Additional explanation may be added by expanding the number of lines in the document.

	Description	Rated Life
Appliances provided	_____	_____
	_____	_____
	_____	_____
	_____	_____
Exterior finish materials	_____	_____
	_____	_____
	_____	_____
	_____	_____
Fencing	_____	_____
	_____	_____
	_____	_____
	_____	_____
Windows	_____	_____
	_____	_____
	_____	_____
	_____	_____
Plumbing materials and fixtures	_____	_____
	_____	_____
	_____	_____
	_____	_____
Roof Quality	_____	_____
	_____	_____
	_____	_____
	_____	_____
HVAC	_____	_____
	_____	_____
	_____	_____
	_____	_____
Security Systems	_____	_____
	_____	_____
	_____	_____
	_____	_____

Description

Energy Efficiency

Cabinetry

Insulation

Landscaping

Design & Other
Quality Elements

Parking innovations
and garages

Site layout and
unit density

Other

Other

Certifications and Representations:

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed project.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on _____.

Legal Name of Owner

By: _____

Name

Signature

Title